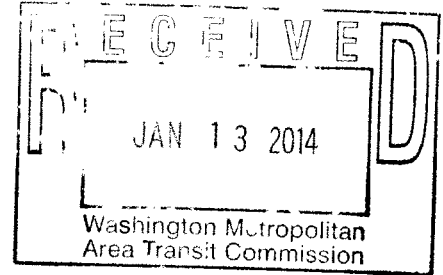


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1509 Wholistic Services III, Inc.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

1814 Bunker Hill Road, N.E. Washington DC 20018-3220

\*Street Address of Principal Place of Business Apt./Suite City State Zip

1221 Massachusetts Avenue, N.W., #1 Washington DC 20005-5334

Mailing Address (If different from street address) Apt./Suite City State Zip

(202) 347-5334 quellglance@aol.com

\*Telephone Other Telephone Fax E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Robert Arnold Thomas Corporate Secretary

\*Name \*Title

(202) 347-5334 (202) 347-1916 quellglance@aol.com

\*Telephone Other Telephone Fax E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2009	Chevrolet	1GAHG39U151118221	B43394	DC	15	Yes

7. **\*CERTIFICATION:**

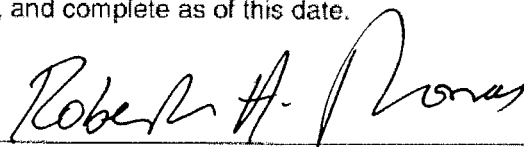
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Dr. Robert Thomas

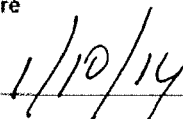
\*Name (type or print)

Corporate Secretary

\*Title (not required for sole proprietors)



\*Signature



\*Date